

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceeding of _____

Ward. _____

CASE NO. _____

GUARDIANSHIP PLAN

The guardian submits the following proposed plan for providing services to the ward. This plan is proposed with the understanding that the law requires that it not restrict the liberty of the ward more than is reasonably necessary to protect the ward from serious physical injury, illness or disease and provide the ward with medical care and mental health treatment. It is also understood that the plan must be designed to encourage the ward to participate in all decisions affecting him/her and encourage the ward to act on his/her own behalf to the maximum extent possible.

[Put a check mark in the box in front of each type of authority you have been given.]

☐ 1. **Housing for the Ward.** In arranging for the ward's housing, I understand that I must consider the ward's wishes and that it is preferred that the ward be allowed to retain ties to the ward's local community. I also understand that the ward must be housed in the least restrictive setting possible.

a. ☐ The ward should continue to live in the ward's current home. This will be possible as long as the following services are available (*describe any in-home services you plan to use*): _____

b. ☐ The ward will not be able to continue to live in the ward's current home because _____

Therefore, my plan is for the ward to live at ☐ my home ☐ an assisted living home ☐ a nursing home ☐ _____ where the ward will be cared for by _____

c. ☐ I have discussed the housing question with the ward, and the ward ☐ agrees with this plan. ☐ does not agree with this plan.

☐ I have not discussed the housing question with the ward because: _____

d. ☐ I do not have enough information at this time to change the ward's current housing arrangement.

☐ 2. **Medical Care for the Ward.**

- ☐ I believe the ward does not currently need treatment for any medical problems.
- ☐ I plan to continue the medical services currently being provided for the ward by ____
- ☐ I plan to seek a medical evaluation of the ward as follows: _____
- ☐ I do not have enough information at this time to determine the ward's medical needs.

A no-code (Do Not Resuscitate) provision ☐ is ☐ is not in place for the ward.

☐ I do not know if a no-code provision is in place.

The ward, while the ward still had the capacity to do so, ☐ did ☐ did not execute a durable power of attorney for health care or another form of advance health care directive under AS 13.52.010 - .395 or another law. The name of the agent authorized under the durable power to make health care decisions for the ward is: _____

☐ I do not know if the ward made an advance health care directive.

☐ 3. **Mental Health Treatment for the Ward.**

- ☐ I believe the ward does not currently need mental health treatment.
- ☐ I plan to continue the therapy currently being provided for the ward at _____
- ☐ I plan to seek a mental health evaluation of the ward as follows: _____
- ☐ I do not have enough information at this time to determine the ward's mental health treatment needs.

☐ 4. **Personal care, educational and vocational services.**

- a. Because of the nature of the ward's incapacity,
- ☐ the chances are good that the ward will be able to improve his/her ability to provide necessary care for himself/herself.
- ☐ it is extremely unlikely that the ward will ever return to full capacity or even be able to improve his/her ability to provide necessary care for himself/herself.
- b. I plan to obtain the following services in order to assist the ward in regaining lost capacities:
- ☐ Physical/occupational/ speech therapies
- ☐ Vocational rehabilitation or supported work programs
- ☐ Educational services

☐ Personal care (e.g., home health care)

c. ☐ I do not have enough information at this time to decide whether the ward can benefit from personal care, educational or vocational services.

☐ 5. **Application for health and accident insurance and any other private or governmental benefits to which the ward may be entitled.**

☐ I am already aware of the insurance and other benefits for which the ward is eligible, and I know how to apply for those benefits. I will make sure the ward receives these benefits.

☐ I plan to investigate whether the ward has any type of insurance and whether the ward is eligible for any private or government benefits, including the following:

☐ retirement and medical benefits from a job

☐ other benefits from past employers, unions or other organizations to which the ward belongs

☐ Social Security (Disability Benefits, SSI, SSA, Medicare)

☐ Veterans' Benefits

☐ State Benefits (Adult Public Assistance, Food Stamps, TANF Benefits)

☐ Alaska Medicaid or Medicaid Choice Waiver

☐ Alaska Permanent Fund Dividend

☐ 6. **Control of the estate and income of the ward.**

I understand that I cannot pay myself from the ward's assets for any services (including room and board) that I or my family provide to the ward unless the court either approves it in my appointment order or approves it in a separate written order. I understand that I must give notice to at least one relative of the ward (if possible) if I ask the court to approve additional fees. [AS 13.26.150(c)(6), Probate Rules 16(d) and 17(d)].

☐ I have been appointed as **full** guardian with the powers and duties of a conservator of the ward.

☐ I have been appointed as **partial** guardian with

☐ limited conservator powers (limited authority over the ward's estate and income).

☐ no control over the ward's estate and income.

☐ The ward retains all financial decision-making authority.

☐ A separate conservator has been appointed for the ward. Therefore, I understand that I must pay all of the ward's estate received by me to the conservator for management.

7. Other (any additional requirements or limitations on the guardian's powers specified by the court): _____

<hr/> Date	<hr/> Guardian's Signature
I certify that on _____, a copy of this proposed Guardianship Plan was sent to: <input type="checkbox"/> ward <input type="checkbox"/> visitor <input type="checkbox"/> respondent's attorney _____ <input type="checkbox"/> _____	<hr/> Type or Print Name
Guardian's Signature: _____	

COURT APPROVAL

Recommended for approval on _____.

by _____
Superior Court Master

Approved by the court on _____.

<hr/> Superior Court Judge/Master
<hr/> Type or Print Name